

LENDING PROGRAM POLICY AGREEMENT

Foundation Center has launched a program to lend selected books from its library collection. Library visitors who agree to participate should understand that the policies for this program are subject to change.

Who May Borrow

Library visitors who live or work within the New York City's five boroughs may borrow books.

What May Be Borrowed

Visitors may borrow up to two books at a time from our lending collection.

Loan Period

Books may be borrowed during library hours for **two weeks**. In order to allow as many borrowers as possible to have access to the books in the lending collection, there will be **no renewals**. Books must also be returned during library hours, which are as follows:

Tuesday – Friday: 11:00 AM – 5:00 PM

Overdue Books

Foundation Center staff will notify borrowers by e-mail or phone when books are overdue. Borrowers who fail to return books on time will be denied future borrowing privileges.

Damaged and/or Lost Books

If a book is damaged, lost, or is not returned, the library will submit an invoice to the borrower for full replacement costs, including a \$5 replacement fee. Borrowing privileges will be suspended until payment has been received.

Required Documentation

Borrowers must present a valid photo identification card. **In addition**, the borrower must show **proof of current residence** in New York City (such as a recent phone bill). If you are not a New York City resident but work in NYC, you must present **proof of current employment** in NYC (such as a recent pay stub or a letter from the employer) along with **proof of current residence** where overdue notices and invoices for lost books will be sent.

By signing this Policy Agreement, the borrower agrees to comply with regulations of the Foundation Center's Lending Program, commits to returning books on time, and assumes responsibility for any loss or damage to materials.

Last Name _____ First Name _____

Signature _____ Date _____

32 Old Slip, 24th Fl, New York, NY 10005, Phone: (212) 620-4230

Over →

Circulation Form

Please fill out the following:

Visitor Information

Last Name _____ First Name _____

Street Address _____

Apt/Suite # _____

City _____ State _____ Zip Code _____

Phone Number _____

Email Address _____

-----STAFF USE ONLY-----

Title(s)

**Call Number
(including copy #)**

Barcode

_____	_____	_____
_____	_____	_____

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